

NOTIFICATION OF DEALERS TO BE AUDITED IN QUARTER

Date Month Year

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01. Name of the Circle:

02. Period of audit program:

S.No.	Name of the VAT dealer	TIN	Reasons for selection	Remarks

Authority is sought for the completion of the above audit programme.

COMMERCIAL TAX OFFICER / AC (LTU)

_____ **Circle**

To
The Deputy Commissioner / AC (VAT Manager),
_____ **Division**